

Central District Coordinating Council Quarterly Meeting



Public Health
Prevent. Promote. Protect.

**Central District
Coordinating Council**

January 22, 2019



Central District Coordinating Council (DCC) Infrastructure:



Public Health
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- ▶ ***State Coordinating Council for Public Health (SCC)***
- ▶ ***Workgroup & Project Updates***
 - ***Infectious Disease update – Donna Guppy, Field Epidemiologist***
 - ***District-wide Prevention Messaging – Jim Wood, KVCAP***
 - ***Oral Health – Jane Allen, CHW, MaineGeneral***
 - ***ACEs/Resiliency***
 - ***Mental Health & Substance Misuse/HRSA – later in agenda***
- ▶ ***District Development – welcome Molly Hutchins!***

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► ***Prevention Services Contracts – any questions on quarterly reports?***

- *Substance Use Prevention (during following presentation)*
- *Tobacco Use & Exposure Prevention*
- *Youth Engagement*
- *‘Let’s Go’ / Obesity Prevention*

► ***Shared CHNA update***

Central District Shared Community Health Needs Assessment (CHNA)



Maine Shared CHNA Reports and Data

Health Profiles: Maine State Health Profile, Central District Health Profile, Kennebec County Health Profile, and Somerset County Health Profile.

<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/health-profiles.shtml>

Race and Health Data Tables: Provide information and data points by varying racial groups in Maine.

https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/Race-Data-Summary-Tables_09.10.2018_FINAL.pdf

Sexual Orientation Data Tables: Provide information and data points among different sexual orientation groups in Maine.

https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/SexualOrientationandHealth_09.10.2018_FINAL.pdf

Sex and Health Data Tables: Provide information and data points on males and females in Maine.

https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/SexandHealth_09.10.2018_FINAL.pdf

Education and Health Data Tables: Provide information and data points among different educational attainment groups in Maine.

https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/EducationandHealth_09.10.2018_FINAL.pdf

Ethnicity and Health Data Tables: Provide information and data points among different ethnicity groups in Maine.

https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/EthnicityandHealth_09.10.2018_FINAL.pdf

Income and Health Data Tables: Provide information and data points among different income groups in Maine.

https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/IncomeandHealth_09.10.2018_FINAL.pdf

Maine Shared CHNA Interactive Data: Navigate data to reflect specific health indicators and data trends

<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/maine-interactive-health-data.shtml>

Additional Data:

<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/more-data.shtml>

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Prevention Services Contracts Substance Use Work in the District for 2019

Joanne Joy, Healthy Communities of the Capital Area

Matt L'Italien, Somerset Public Health

- ***assessment highlights and workplan***
- ***help from the DCC needed & gaps to address***



Central DCC Maine Prevention Services Update

6

January 22, 2018

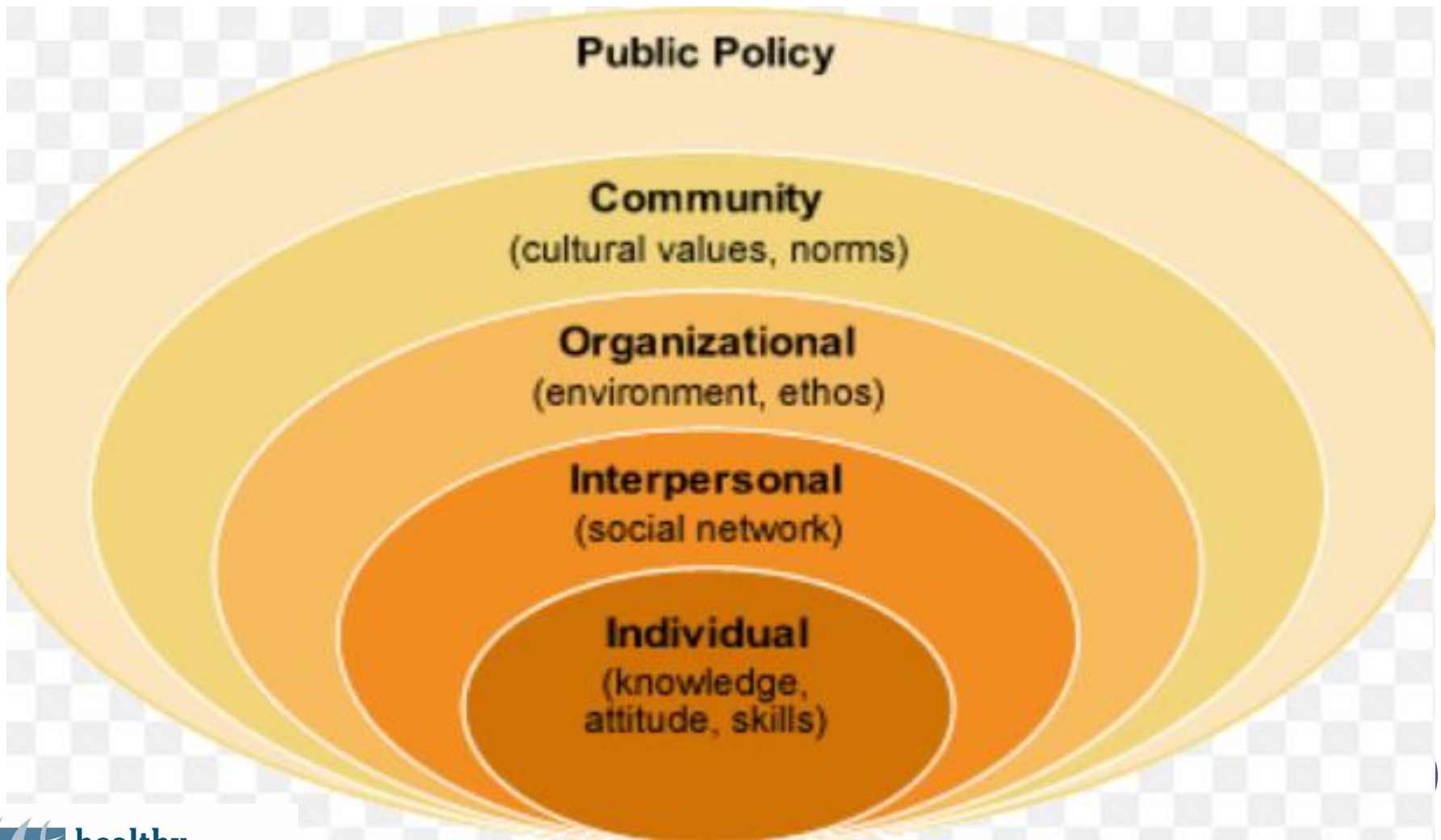


Maine Center for Disease Control & Prevention
Department of Health and Human Services

4 Statewide Contracts-Primary Prevention

1. **MaineHealth: CTI - Tobacco Use & Exposure Prevention**
 - Somerset Public Health (SPH), Healthy Communities of the Capital Area (HCCA)
2. **UNE – Substance Misuse Prevention**
 - Kennebec Behavioral Health (KBH), SPH, HCCA
3. **MaineHealth: Barbara Bush - Let's Go! 5-2-1-0**
 - Inland Hospital, SPH, HCCA
4. **Opportunity Alliance/Maine Youth Action Network – Youth Engagement and Empowerment**
 - HCCA

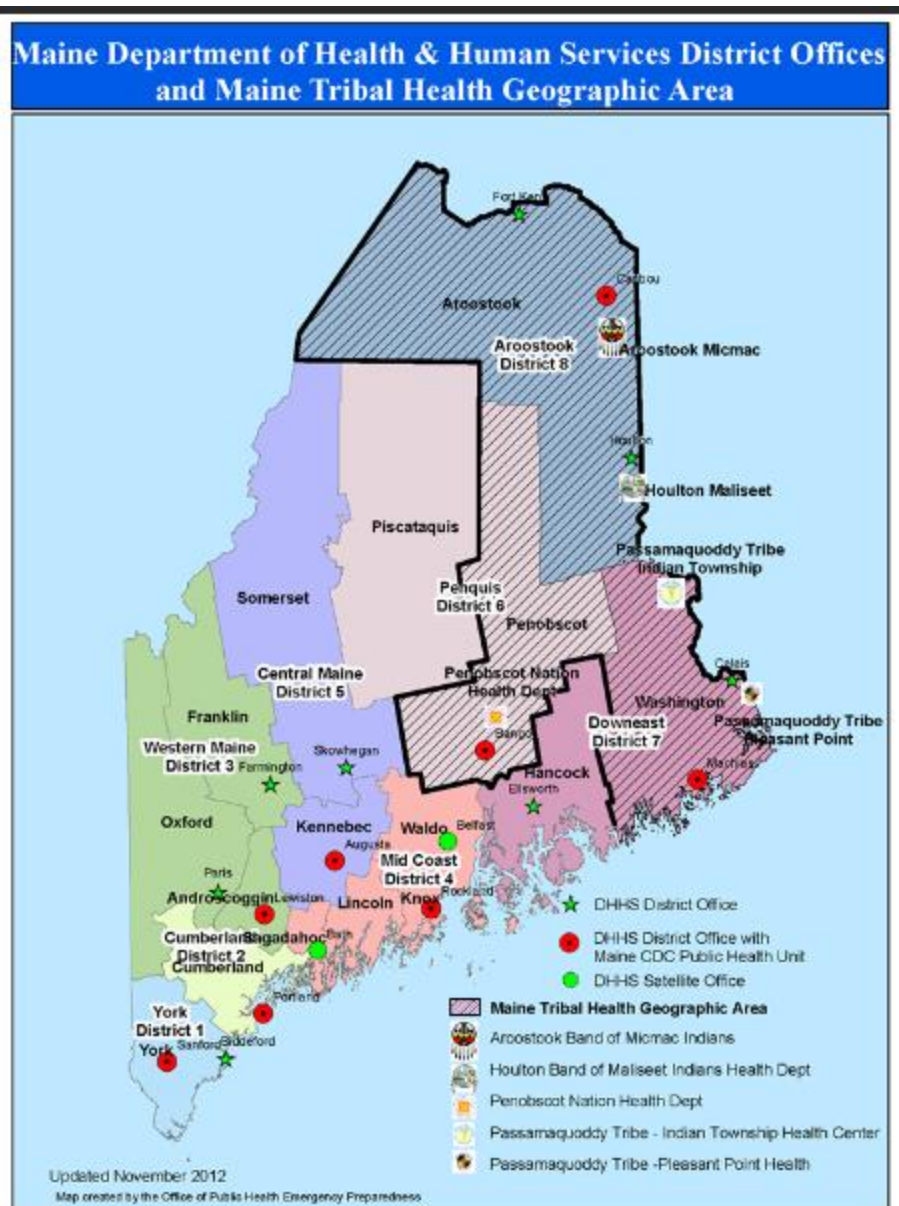
SOCIO ECOLOGY MODEL



Public Health in Maine

Public Health District

- 8 DHHS Districts
- 1 Tribal District





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Department of Health and Human Services



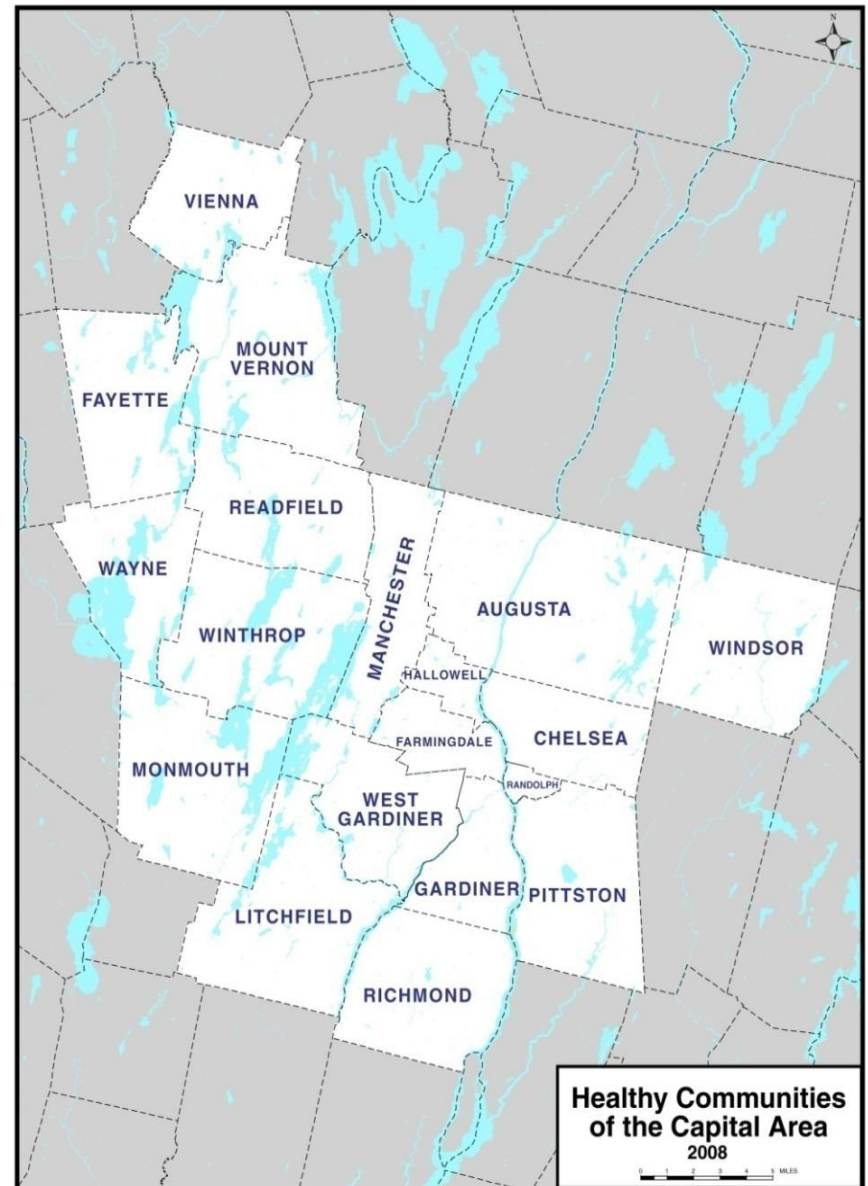
**healthy
communities**
OF THE CAPITAL AREA
making connections ~ improving lives

LOCAL SERVICE AREA

SUP Efforts & Let's Go!

Southern Kennebec

- Schools – 6 Districts
- Municipalities-18
- Businesses
- Organizations
- People – 70,000+

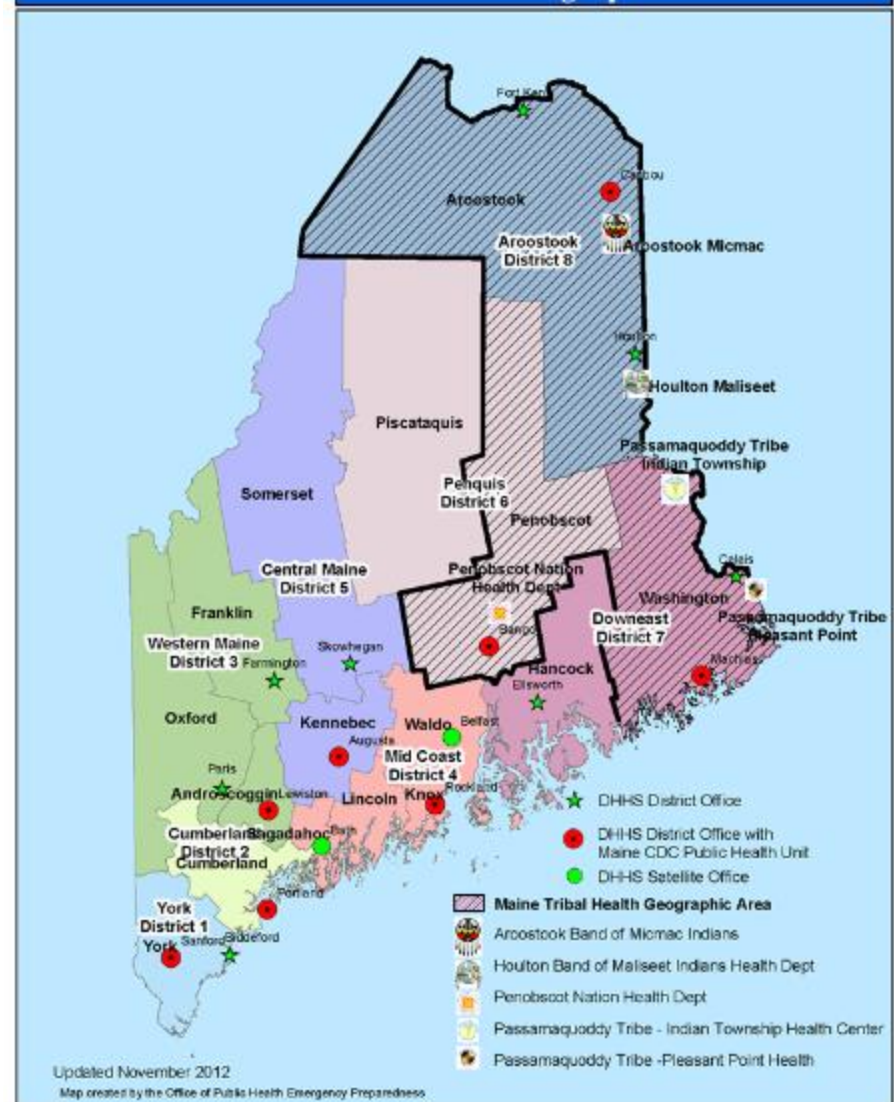


TOBACCO SERVICE AREA



MYAN YOUTH ENGAGEMENT AND EMPOWERMENT

Maine Department of Health & Human Services District Offices and Maine Tribal Health Geographic Area



Substance Mis-Use Prevention Highlights

Community Needs Assessment

-Use of substances reduced since 2009

Concerns!

Vaping Tobacco and Marijuana and Vaping

- Use, Myths/Ads, Promotion, Availability, Inadequate Policies
- Low perception of risk of harm

School and Community Needs

- ACES
- Curriculum for additional grades
- Need more factual information – Vaping and other
- Drug Impairment Detection -



New Work



MAINE
PREVENTION
SERVICES

Maine Center for Disease Control & Prevention
Department of Health and Human Services



○Gardiner Thrives Greater Gardiner Coalition - Creating a Community Where Youth Thrive

- Started with MIYHS Data Presentations
- Not just a school problem, it's a community problem
 - Community assessment and responses
 - School assessment and solutions

○Curriculum Committee

○Drug Impairment Detection TOT (1/28-8:00-12:00)

- For Law Enforcement, Schools, Prevention Specialists
- Learn Skills and information to present basic information to schools, parents, community

NEW SAFE STORAGE DISCUSSIONS

PILL-PODS





- **All 6 Districts** have signed on!
 - Each has a Wellness Committee
- **Let's Go & Winter Kids**
 - Professional development for 35 childcare centers
- **Water Challenge** at 2 elementary school
- **Water fill station** in all schools in one district
 - 4 Elementary Schools
 - Middle School
 - High School



TOBACCO IN KENNEBEC COUNTY-YOUTH

○ Side Kicks

- Arts Academy - Sidney
- Erskine Academy – South China



○ College Policy

- Thomas College - Waterville



○ Updating K-12 School Policies

- MSAD #11 – Tobacco 21 and Vaping – Gardiner
- Cross-overs with other Substance Policies

TOBACCO EXPOSURE PREVENTION QUIT SUPPORT

○ Collaborative – District Non-Clinical Outreach

- WIC, Maine Families, etc.



○ Collaborative- Multi-Unit Housing Policies



○ Reaching More Moms

- Not MPS
- Materials developed free to DTPPs and all providers serving pregnant and parenting

CENTRAL PUBLIC HEALTH DISTRICT-WIDE YOUTH ENGAGEMENT & EMPOWERMENT

- Engaged with Youth
 - Skowhegan - SCTC
 - Madison
 - Hartland - St. Albans
 - Sidney
 - Lithgow Library –Augusta
 - Maranacook
 - Gardiner
- Supporting Schools
 - Winthrop
- Leading the



FOCUS ON HEALTH DISPARITIES



- **Somerset:** Rate of Self-Reported LGBT Identity
 - 14.3% or 375 Individuals in High School
- **Kennebec:** Rate of Self-Reported LGBT Identity
 - 11.7% or 514 Individuals in High School
- LGBTQ+ Projects
 - Tobacco – Media Literacy Counter Marketing
 - Virtual Prevention Providers Network
 - Pride Celebration Policy Changes





www.hccame.org

Joanne Joy; J.joy@hccame.org – 207 588-53550

Central District Coordinating Council (DCC)



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Updates & Networking Opportunities from the DCC?

+ networking break....

211 Substance Use Treatment Initiative

Elizabeth Barron, President and CEO

Nikki Busmanis, 211 Maine Program Manager

United Way of Mid-Maine

- ***new service to connect people to treatment***
- ***how it's working so far***

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New Partners for Recovery Grant for 2019-22 & DCC Assistance

LeeAnna Lavoie, Director of Prevention Services

Shane Gallagher, Grants Program Manager,

Drug Overdose Prevention

Brianne Karstens, Community Programs Coordinator

MaineGeneral Prevention & Healthy Living

- ***Partners for Recovery Grant Overview and Timeline***
- ***How should we structure the DCC role?***
- ***Who wants to be involved?***

Partners for Recovery Project (HRSA)

Central DCC Meeting

1/22/2019

SHANE GALLAGHER, MS, CHES

Overview

- PFR Grant Overview
- Vision/Mission
- Org Chart
- Focus Areas
- DCC's role?

Partners for Recovery Project

- HRSA funded
- 3 year/\$750,000
- Goal – Decrease opioid OD deaths in Central PH District
- Consortium /Advisory Group

Vision/Mission

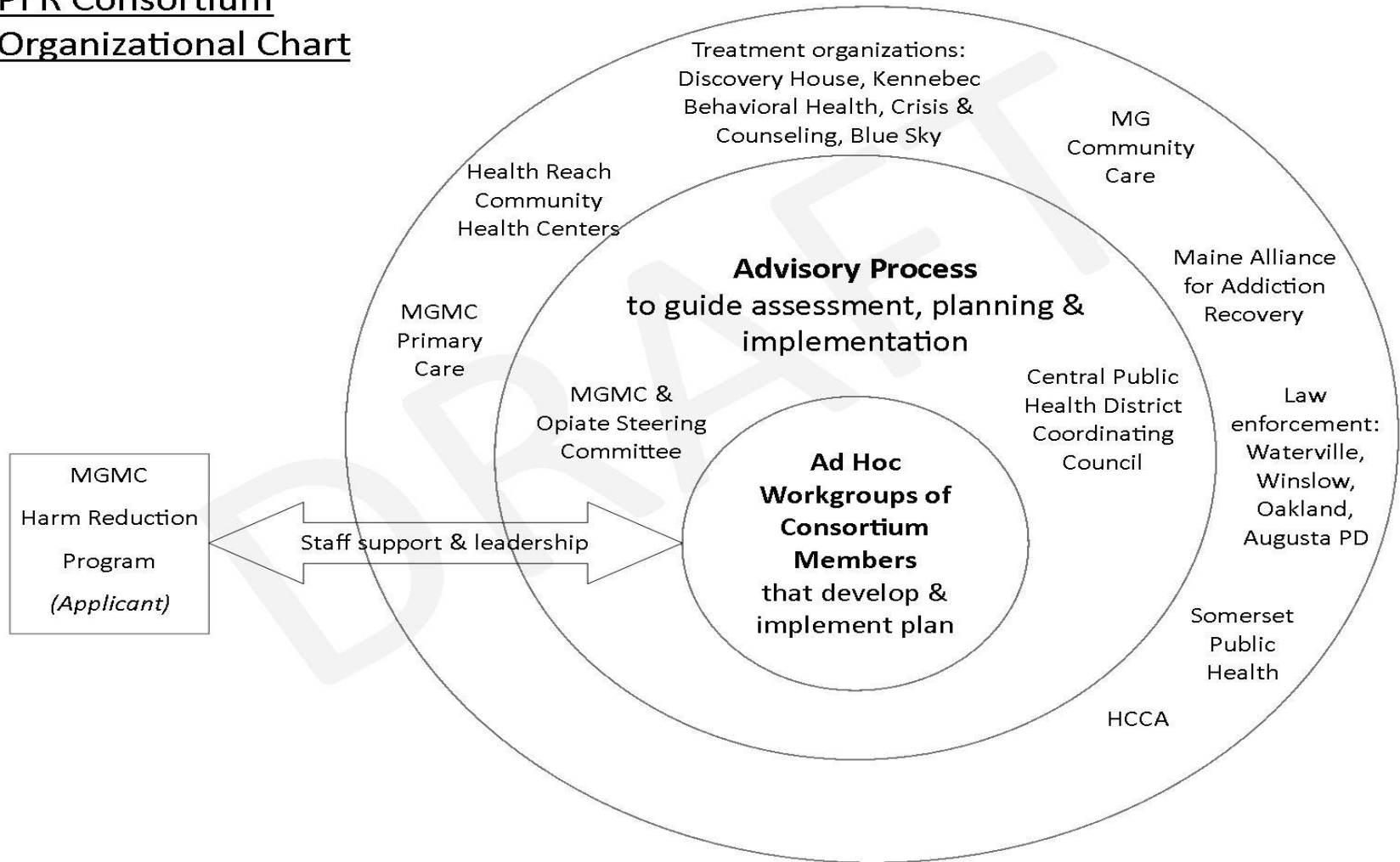
Vision:

To build healthy, thriving communities where everyone has what they need to prevent drug overdose deaths and where OUD is viewed and treated as a chronic disease.

Mission:

To reduce overdose deaths from substance use disorders by increasing access to naloxone, strengthening and expanding partnerships, increasing treatment capacity, and implementing systems related to screening and referral to substance use disorder services in the Central Public Health District.

PFR Consortium Organizational Chart



Focus Areas

- Stigma
- Increase access to MAT
- Screening and referrals
- Naloxone
- Raising community awareness

Stigma

Assessments

- Self-Stigma (individual)
- Social Stigma (community)
- Structural Stigma (healthcare)

Workgroup

- Develop stigma-informed communications
- Trainings
- Based on assessment findings

Increase access to MAT

Themes across Central District:

- shortage of health care, mental health, counseling providers
- Access to OUD services challenging
- Primary care staff not trained to provide counseling

Capacity building workgroup

- Recruit and train providers
- Engage stakeholders of individual and regional training needs
- address structural stigma assessment findings

Screening and Referrals

- Conduct assessment of regional OUD services
- Create regional directory
- Maintain up to date OUD service directory
- Build upon resource and referral system – utilize the Hub

Capacity Building Workgroup

- Develop interagency care coordination
- Increase screening and referrals from community partners

Naloxone

- Research recommendations, guidelines and best practices
- Update existing screening and prescribing guidelines developed during ROOR

Workgroup:

- Develop district wide training and distribution plan
- Increase number of naloxone prescriptions written
- Increase kits distributed from inpatient and outpatient (primary care) settings

Raising Community Awareness

- Improve knowledge of OUD
- Maintain up to date OUD service directory
- Build upon resource and referral system – utilize the Hub

Capacity Building Workgroup

- Develop interagency care coordination
- Increase screening and referrals from community partners to OUD services

DCC's Role

- Participate in the Advisory Team Process
- Participate on topic specific work groups
- Help identify partners for work groups

Next Steps

- Stigma Assessment (March 2019)
- Develop workgroups
 - Stigma/communications (May 2019)
 - MAT Capacity Building (February 2019)
 - Screening & Referral (February 2019)
 - Naloxone (February 2019)
- Develop and submit Assessment Plan (March 2019)

Questions?

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► ***Wrap Up, Next Steps, Evaluation***

- *thank you for filling out the meeting evaluation!*

► ***Next DCC Meeting = April 30, 2019 9am-noon at Educare***

Thank You!



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January 22, 2019

The background is a detailed architectural blueprint of a building, likely a hospital or public health facility. It shows various rooms, corridors, and structural elements. Key features include a central corridor, several rooms with circular openings (possibly for ventilation or lighting), and a large area with a grid pattern. The blueprint is drawn in black lines on a light background, with various labels and dimensions scattered throughout. The text "Public Health Reimagined" is overlaid in a large, bold, blue font, and "An Update" is overlaid in a smaller, black font below it.

Public Health Reimagined

An Update

Who's been doing all this reimagining?

It started with the Bingham Program and a small group of advisors:

Becca Boulos

Deb Deatrick

Karen Heck

Joanne Joy

Carol Kelly

Barbara Leonard

Sue Mackey Andrews

Peter Michaud

Ed Miller

Lisa Miller

Tina Pettingill

Randy Schwartz

Lisa Sockabasin

*+ more than 60 key informant interviews,
presentation at MPHA, 2 webinars & ongoing
community stakeholder meetings*

The background of the slide is a detailed architectural blueprint. It features various lines, circles, and text typical of a technical drawing, including what appears to be a floor plan with rooms and corridors, and some circular elements that could be vents or columns. The blueprint is rendered in a light, faded style, serving as a background for the text.

Thoughts, suggestions, feedback?

Lisa Miller: lisamaine@gmail.com

Becca Boulos: executivedirector@mainepublichealth.org

Carol Kelly: carolkelly12@msn.com

PHR Website

- <https://www.publichealthreimagined.com/>
- Includes Why Now, Recommendations, and MPHA report